

BALLAST WATER REPORTING FORM
IS THIS AN AMENDED BALLAST REPORTING FORM? YES ☐ NO ☐

1. VESSEL INFORMATION		2. VOYAGE INFORMATION		3. BALLAST WATER USAGE AND CAPACITY		
Vessel Name:		Arrival Port:		<i>Specify Units Below (m³, MT, LT, ST)</i>		
IMO Number:		Arrival Date:		Total Ballast Water on Board:		
Owner:		Agent:		Volume	Units	No. of Tanks in Ballast
Type:		Last Port:	Country of Last Port:			
GT:				Total Ballast Water Capacity:		
Call Sign:		Next Port:	Country of Next Port:	Volume	Units	Total No. of Tanks on Ship
Flag:						

4. BALLAST WATER MANAGEMENT Total No. Ballast Water Tanks to be discharged:

Of tanks to be discharged, how many: Underwent Exchange: Underwent Alternative Management:

Please specify alternative method(s) used, if any: _____

If no ballast treatment conducted, state reason why not: _____

Ballast management plan on board? YES ☐ NO ☐ Management plan implemented? YES ☐ NO ☐

IMO ballast water guidelines on board [res. A.868(20)]? YES ☐ NO ☐

5. BALLAST WATER HISTORY: Record all tanks to be deballasted in port state of arrival; IF NONE, GO TO #6 (Use additional sheets as needed)

Tanks/ Holds <small>List multiple sources/tanks separately</small>	BW SOURCES				BW MANAGEMENT PRACTICES						BW DISCHARGES			
	DATE DD/MM/Y Y	PORT or LAT. LONG.	VOLUME (units)	TEMP (units)	DATE DD/MM/Y Y	ENDPOINT LAT. LONG.	VOLUME (units)	% Exch	METHOD (ER/FT/ ALT)	SEA HT. (m)	DATE DD/MM/Y Y	PORT or LAT. LONG.	VOLUME (units)	SALINITY Y (units)

Ballast Water Tank Codes: Forepeak = FP, Aftpeak = AP, Double Bottom = DB, Wing = WT, Topside = TS, Cargo Hold = CH, Other = O

1. RESPONSIBLE OFFICER’S NAME AND TITLE, PRINTED AND SIGNATURE: _____